



TOWN OF SAUGUS

SAUGUS RETIREMENT BOARD
25R MAIN STREET
TOWN HALL ANNEX
SAUGUS, MASSACHUSETTS 01906

Telephone: (781) 231-7656

Fax: (781) 231-4067

Email: aquinlan@saugus-ma.gov

Date: _____

This is my request and your authority to deposit my pension check to my account in the:

(Name of Bank)

(Street)

(City/Town)

(State)

(Zip Code)

Checking Account Number _____

Savings Account Number _____

Social Security Number _____

Bank Routing Number _____

Name: _____
(Signature)

(Street Address)

(City)

(State) (Zip Code)

Please attach a blank check with the word "VOID" written across it. The Voided check must have your name and address on it. Please return all items to the Saugus Retirement Board.